



PHILIPPINE HEALTH INSURANCE CORPORATION

PHILHEALTH REGIONAL OFFICE - XI

Valgosons Building, Bolton Extension, Poblacion, Davao City  
Call Center: (02) 441-7442 Trunkline: (082) 295-2133 local 6300  
Telephone Number 295-3382 www.philhealth.gov.ph



UNIVERSAL HEALTH CARE  
Philippines' Health Insurance

PURCHASE ORDER

Supplier: <b>QUALI MEDS MARKETING</b>	PO NO. <b>22-05-099</b>
Address: <b>Purok 5 Immaculate Concepcion, Lubogan, Toril, Davao City</b>	PO Date: <b>May 18, 2022</b>
Contact No. <b>(082) 221-1798 / 0919-0729478</b>	Terms of Payment: <b>15 working days</b>
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: <b>195-408-305-000</b>	Mode of Procurement: <b>Public Bidding</b>

Please Deliver to this Office within 30 calendar days from Receipt hereof the following:

PR NO.	Item No.	Qty	Unit	Item Description	Unit Cost	Total Cost
2202-06-08	3	3,368	box	FACE MASKS, Surgical / Disposable, 3 ply, 50s per box	80.00	269,440.00
	6	1,541	box	VITAMIN C with ZINC, 500 mg., 100 capsule/box	195.00	300,495.00
				<b>TOTAL</b>		<b>569,935.00</b>
***Nothing follows*** Posted in PhilGEPS on March 25, 2022						

Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages
- Render your bills in triplicate copies including the original.
- If the date of the receipt of the P.O. by the dealer is not indicated, it is deemed received on the 10th working day of the approval of the P.O.
- For imported items, IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery.

Very truly yours,

**GARY E. SAMONTE**  
Administrative Officer III

PRO XI Budget FY 2022

BRO No. XI-22-254-21

Charged to: MODE 1 OL 10

Exp. Code Amount

50203080 269,440

50203070 300,495

**GARY S. VELAYO**  
AO IV / Head - Admin Services Section

**MARIE SHARON D. TABSING**  
Budget Officer

Recommending Approval:

Approved by:

**CHERYL F. ARACAN**  
DC IV / MSD Head

**ATTY. HARVEY L. CARCEDO**  
Regional Vice President

Received copy of P.O. on \_\_\_\_\_

Conformed:

**Mark Neil Jalon**

**5/26/22**

Received by: \_\_\_\_\_

Supplier/Representative

Date